

DEPARTMENT OF HEALTH SERVICES

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March 17, 2000

CHDP Program Letter Number 00-1

TO: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM
DIRECTORS AND DEPUTY DIRECTORS

SUBJECT: CHDP PROGRAM/MEDI-CAL IMMUNIZATION SURVEY

The purpose of this letter is to provide information about the Statewide CHDP/Medi-Cal immunization survey and to convey the role and responsibilities of local CHDP programs in the completion of this survey.

Background Information

The CHDP Program has been asked, by the California Department of Health Services and the Federal Health Care Financing Administration, to access the immunization rates of children enrolled in Fee-For-Service Medi-Cal. The aim is to document, and then improve, early childhood immunization rates in California.

Immunization rates are being evaluated in a specific population of children, those who were born in 1996 and who were enrolled in fee-for-service Medi-Cal during a defined time period. In a selected sample of children meeting these criteria, immunization information is being sought directly from medical providers.

Individual physicians, medical groups and medical facilities, that have provided health services to children in this sample, have been identified through State administrative records. The Children's Medical Services (CMS) Branch is contacting up to three medical providers per child, by mail. The providers are being asked to either complete an immunization survey form or to return the form with appended information on immunizations copied from the child's medical record. All the relevant information that is documented in the child's medical record is being requested. This includes immunizations given by the providers or in their facilities and immunizations administered elsewhere, up to the date of completing the survey. The aim is to establish as complete, accurate, and current an immunization history for each child, as is possible.

The physicians and medical facilities are being instructed to submit the immunization forms and appended medical record materials by mail or fax to their local CHDP

programs. The CHDP programs will be responsible for collecting, processing, tracking, and assembling this information, and then forwarding it to the State CMS office.

Some CHDP Programs, particularly those with large numbers of children in Medi-Cal Managed Care Plans, do not have any medical providers being queried for this immunization survey. In these cases, this program letter is being sent for information only.

Enclosures Accompanying This Program Letter

Enclosed with this program letter are:

1. a copy of the letter being sent to the medical providers, requesting immunization information and containing instructions for information submission;
2. a sample immunization survey form;
3. a list of the medical providers located in the jurisdiction covered by your CHDP Program, who are being asked for immunization information, and the corresponding names, identifying information and survey numbers for the child(ren) on whom information is being requested; and
4. a list of children in the survey sample who receive medical care in your jurisdiction, and the corresponding names of and information on their medical providers.

Please Note: The medical provider list includes mailing addresses and, if present in the State data base, telephone numbers. Each medical provider on your list should be located in the area covered by your CHDP Program. Since families may cross program lines for medical care, however, some of the children may reside in other locales.

CHDP programs who do not have any providers being contacted for the immunization survey should receive a list specifying that they have zero providers in the survey. If you do not receive a list specifying your number of medical providers, please verify that this is intentional, by calling the contact number at the end of this letter.

Role and Responsibilities of Local CHDP Programs

Your help in gathering the immunization information is vitally important to the success of this survey. The survey results will be provided to the local CHDP Programs and will be a resource for immunization program planning.

You are specifically requested to, **please:**

- 1 **Verify** that the address, telephone number, and fax number given for your CHDP Program, on the sample immunization survey form, are accurate. If not, immediately call the survey contact number at the end of this letter;
2. **Collect** the materials that are submitted to your CHDP office by mail or fax and **note the date of arrival** on your medical provider list;
3. **Process** the survey materials, according to the type of submission. **If the submission from the provider is:**

a. The completed immunization survey form:

- (1) check that all entries and corrections are easily readable;
- (2) if any entries cannot be read, call the provider's office for clarification;
- (3) if the survey is only partially completed, call the provider's office to confirm that no other immunizations are documented in the child's medical record;
- (4) if the provider indicates that no immunization information is available, call the provider to verify that this is true and document the reason (if this does not correspond to the reason entered on the survey form, please explain);
- (5) check that the survey form is signed and dated by the provider; if not send a fax copy to the provider's office that is to be signed, dated, and returned;
- (6) keep written notes that are specific to each immunization survey form and child, on all contacts, attempted contacts, and conversations with the provider or provider's staff, indicating who you talked to; and
- (7) staple your notes and any additional materials (such as a faxed signature, resubmitted, more legible entries, etc.) to the back of the specific immunization survey form.

b. The immunization survey form with provider information completed and immunizations documented by appended materials from the medical record;

- (1) check that all entries and corrections on the survey form are readable and call the provider's office for any needed clarification,
 - (2) check that the medical record materials are readable and immunization information is clearly indicated,
 - (3) use the medical record material to fill in the immunization survey form, entering all vaccines given and dates of administration (contact the provider's office to clarify any medical record entries that you have trouble interpreting),
 - ~~(4) if limited medical record material is submitted, call the provider to clarify the reason,~~
 - (5) if the provider indicates that no immunization information is available, call the provider to verify that this is true and document the reason (if this does not correspond to the reason entered on the immunization sheet, please explain),
 - (6) check that the survey form is signed and dated by the provider, if not send a fax copy to the provider's office that is to be signed, dated, and returned,
 - (7) keep written notes that are specific to each immunization survey form and child, on all contacts, attempted contacts, and conversions with the provider or provider's staff, indicating who you talked to, and
 - (8) staple all medical record material, notes, and any additional materials (such as a faxed signature) to the back of the specific immunization survey form.
4. **Track** on your provider and child lists the immunization survey materials that have been submitted, processed by you and completed;
 5. **Contact** each medical provider that has not submitted the requested immunization surveys by the provider due date of March 31;
 - a. re-request the surveys, offering to clarify any questions or barriers to responding;
 - b. if the surveys are not submitted within several days, contact the provider and indicate that an office visit might have to be scheduled to go over the medical record for immunization information; and,

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- c. if there is still no response, schedule an office visit to review the specific medical record(s) from which immunization information is needed.
6. **Assemble** the immunization survey forms with attached materials, by child. For quick reference each child has a survey number. All surveys submitted from the one to three providers per child should be grouped together; and,
7. **Mail** the assembled immunization surveys and all attached materials, in batches as you receive them, to CMS at the address given below. Do not delay submission until you receive all the surveys. Please submit those surveys that you have received and processed, **sending the first batch by March 31** and weekly thereafter.

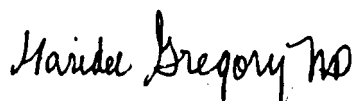
State Contact for Mailing, Questions, and Follow-up

The medical providers are being instructed to contact you for questions concerning this survey. **If you have questions** about the instructions in this letter, the content in the provider letter, or need additional information to answer questions from providers, please **contact** Valerie Charlton, M.D., M.P.H., at (916) 657-0834.

Please mail all immunization materials to:

Dr. Valerie Charlton
Children's Medical Services Branch
714 P Street, Room 400
P.O. Box 942732
Sacramento, CA 94234-7320

Thank you for your help with this survey.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures:

- Copy of provider letter
- Sample immunization survey form
- List of medical providers contacted for the survey, located in your CHDP Program area
- List of survey children who have seen medical providers in your CHDP Program